

12/07/99

12-09-99

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INTELLECTUAL PROPERTY LAW

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A LIMITED LIABILITY PARTNERSHIP INCLUDING PROFESSIONAL CORPORATIONS

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CERTIFICATE OF MAILING BY "EXPRESS MAIL"

Attorney Docket No. : MPATENT.160A
Applicant(s) : Woude
For : SYSTEM AND METHOD FOR TESTING A MODEM
Attorney : Richard E. Campbell
"Express Mail"
Mailing Label No. : EL 530999893US
Date of Deposit : December 7, 1999

JCS84 U.S. PTO
09/457207
12/07/99

I hereby certify that the accompanying

Transmittal in Duplicate; Specification in 10 pages; 2 sheets of drawings;
SIGNED Declaration by Inventor in 1 pages; Recordation Form Cover Sheet and
Assignment in 2 pages; Power of Attorney by Assignee in 2 pages; Check(s) for
Filing Fee(s); Return Prepaid Postcard

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and are addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231

John Riedel

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12/07/99

Jc640 U.S. PTO

PATENT

Attorney Docket No. MPATENT.160A

Date: December 7, 1999

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ASSISTANT COMMISSIONER FOR PATENTS

WASHINGTON, D.C. 20231

ATTENTION: BOX PATENT APPLICATION

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): **Jeremy Vander Woude**For: **SYSTEM AND METHOD FOR TESTING A MODEM**

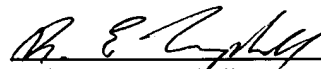
Enclosed are:

- (X) 2 sheet(s) of drawing.
- (X) Recordation form cover sheet with 1-page assignment.
- (X) A power of attorney form and copy of assignment.
- (X) Initial signed declaration by inventor(s).
- (X) Return prepaid postcard.

CLAIMS AS FILED

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
Basic Fee			\$760	\$760
Total Claims	11 - 20 =	0 ×	\$18	\$0
Independent Claims	4 - 3 =	1 ×	\$78	\$78
If application contains any multiple dependent claims(s), then add			\$260	\$0
TOTAL FILING FEE		\$838		

- (X) A check in the amount of \$838 to cover the filing fee is enclosed.
- (X) A check in the amount of \$40 to cover the assignment recording fee.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Account No. 11-1410. A duplicate copy of this sheet is enclosed.
- (X) Please use Customer No. 20,995 for the correspondence address.



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